Hair Restoration Surgery in Transsexual Males

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Good results and low cost have made Thailand the most attractive country in the world in providing sexual reassignment surgery (SRS).

Incidence

The incidence of SRS in Caucasians is low and has been estimated at between 1:5000 and 1:50000 [1]. The incidence may be very high, around 1:15000, in Asians, according to a few prominent plastic surgeons who have performed SRS in Thailand. There is no report in the literature about the incidence of SRS specifically in Asians.

Female to Male Transgender/Transsexual Female

In our practice, we have not encountered anyone of this group.

Male to Female Transgender/Transsexual Male

The incidence and terminology of this group were well reported by Richard Shiell [2]. Obviously, appropriate psychiatrist evaluation is important before surgery, but most of those requesting sex change would have considered themselves women since childhood.

Asians who underwent SRS were generally younger (18–35 years) than the Caucasian counterparts (30–70 years), according to Dr. Preecha Tiewtranon, who has performed the largest number of SRS in Thailand.

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Those who already have SRS, or are in the process of having SRS, are usually on female hormone pills with or without finasteride, dutasteride, or minoxidil lotion. The majority of Asians who present to our clinic are Norwood male pattern baldness (MPB) class III, in comparison to class III–VI in the Caucasian counterparts. They may have received, or are planning to receive, multiple cosmetic procedures such as nasal augmentation, chin implant, zygomatic bone reduction, liposuction, removal of prominent frontal bone, and breast augmentation. Restoring a feminine hairline is obviously part of the list.

It is not uncommon for the patients to squeeze in various operations during their short stay in Thailand. They want to complete every procedure to look good and return to work with minimal cosmetic disfigurement. The hair surgeons must take into consideration the time restraint. Caution must be taken in scheduling lengthy mega-sessions as the patients may already have extensive blood loss from multiple procedures. The limited stay of the tourist-patient, however, will not allow the procedures to be scheduled too far apart. Most patients are reluctant to pay the travel expense to return on a later date for further surgery.

Although hair transplantation can be safely performed soon after SRS or other cosmetic surgery, one must bear in mind that on occasions the patients may not be able to proceed. The pain after breast augmentation, abdominal liposuction, or tummy tuck may render them unable to lie prone for donor harvesting. However, to my surprise, most patients tolerated the procedure very well despite pain and discomfort from other cosmetic surgery and SRS.

Surgeons should be aware that there may be a higher incidence of human immunodeficiency virus (HIV) positivity in this group of patients, and extra precautions should be taken even if a blood test is negative.

Designing the Hairline

One good thing in operating on male transsexuals who undergo SRS is that the hair loss has usually ceased consequent to estrogen treatment, finasteride, or past orchidectomy. Sometime even a little hair growth can be gained from the female hormone pill. All the patients want to have a feminine hairline. They hate the square shape or temple recession typically seen in men. Many already have the design in mind, and some bring along women's magazines to show the hairline they want.

I place the first dot at each temple point, a second one at mid-frontal, and the third one at mid-temple. In connecting the dots, an oval-shaped hairline is drawn to close the temple, with or without a widow's peak, according to their preferences. With the aid of the new laser beam device, a symmetrical hairline can be designed and created in just a minute [3]. Irregularities are then added onto the hairline to create a natural appearance. Because most Asian patients undergo their sex change at an early age, they present with minimal baldness, mostly Norwood II–III (see Fig. 1); this means that the surgery can be completed in just one pass and the overall result is good. Those who demand very high density may return at a later date for more sessions.

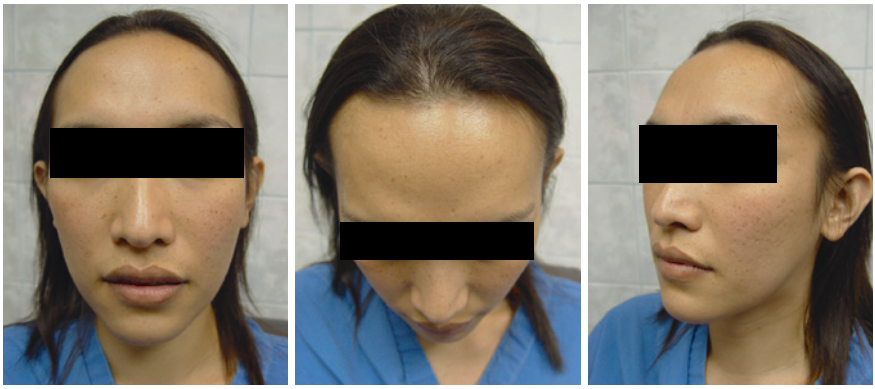

Fig. 1. Preoperative photograph, 29-year-old transsexual male

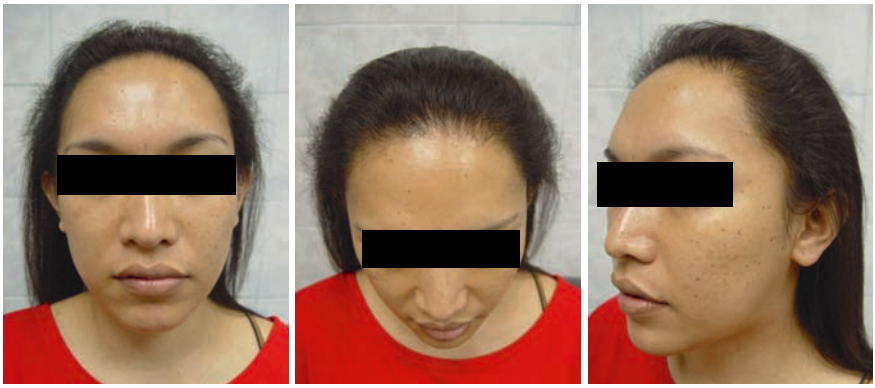

Fig. 2. Postoperative photograph taken after 8 months, 2138 follicular unit grafts were transplanted

Technique

The technique of the transplant is basically the same as described in the chapter on the recipient site. Donor hair is selected from mid-occiput at the supranuchal ridge. With trichophytic donor closure, the scar is almost invisible.

Medical Treatment

Theoretically, once the greatest source of testosterone is removed by SRS, hair loss should stop despite the small amount secreted by the adrenal gland. Whether to

treat the patients medically remains a dilemma. For those with a family history of extensive hair loss, my personal feeling is to continue medical treatment whether they already had SRS or not. If there is thinning in the crown, finasteride 1 mg plus 5% minoxidil lotion should be taken for at least a year to counteract the testosterone secreted by the adrenal gland. Yearly assessment can then be carried out to determine whether medical treatment is still indicated.

References

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